

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILED DATE
APPLICANT	

CLAIMS

	AS FILED		AFTER SEARCHED		AFTER SEARCHED			AS FILED		AFTER SEARCHED		AFTER SEARCHED	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL REQ.							TOTAL REQ.						
TOTAL DEP.													
TOTAL CLAIMS													

70